

ST. CLAIR COUNTY ROE#50 TRUANCY REVIEW BOARD REFERRAL

STUDENT CONTENT FORM

Truancy Referral Packets **must include the following documents with this form** and should be sent to the ROE by email or regular postal mail. The email address is truancy@sccroe50.org. If you have questions about the truancy packet, please contact the ROE at 825-3903 or 825-3923.

Student Demographic Sheet
 Student's Attendance and Grade Reports
 Behavioral Disciplinary Reports (if applicable)
 Notifications to Parent/Guardian of Student's
 Unexcused Absenteeism at 3,6, and 9 days

Emergency Contact Information for Student
 Parent Defendant Information
 Local Hearing Notification and Outcome

ENTER THE FOLLOWING INFORMATION

DATE OF REFERRAL TO ROE			
STUDENT'S NAME			
SIS # (9 DIGITS)			
DATE OF BIRTH		AGE	
GENDER			
STREET ADDRESS			
CITY AND ZIP CODE			
NAME(s) OF SIBLING(s) ENROLLED IN SAME SCHOOL DISTRICT (if applicable)			
PARENT(S) OR GUARDIAN(S)			
PHONE NUMBER OF PARENT(S) OR GUARDIAN(S)			
NAME OF SCHOOL		DISTRICT	
GRADE LEVEL			
IS THE STUDENT HOMELESS?	YES	NO	<i>(circle your response)</i>
NAME OF REFERRING PERSON			
TITLE			
PHONE NUMBER			
EMAIL ADDRESS			
ENROLLMENT DATE			
NUMBER OF POSSIBLE DAYS OF ATTENDANCE			
NUMBER OF EXCUSED ABSENCES			
NUMBER OF UNEXCUSED ABSENCES			
NUMBER OF TARDIES			
DATE OF 3-DAY LETTER			
DATE OF 6-DAY LETTER			
NUMBER OF PHONE CONTACTS			
NUMBER OF HOME VISITS			
PROVIDE THE FOLLOWING INFORMATION FOR HIGH SCHOOL STUDENTS ONLY			
PROJECTED GRADUATION DATE			
CREDITS TO GRADUATE			
CREDITS STUDENT HAS EARNED			
CREDITS ATTEMPTING THIS SEMESTER			